

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015317

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 52

STATE FILE NUMBER

FILED APR 30 1963

1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Liberty

Length of stay in lb

3 Mo.

c. FULL NAME OF (If NOT in hospital, give location):
HOSPITAL OR INSTITUTION

222 W. Franklin

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY

OR TOWN

Liberty

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

222 W. Franklin

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

NINA

W.

BROWN

4. DATE OF DEATH

Month

Day

Year

April

23

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

July 8, 1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Clarinda, Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Cassius Watterman

13b. MOTHER'S MAIDEN NAME

Eldora Skinner

14. NAME OF HUSBAND OR WIFE

Raymond Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCE

(Yes, no, or unknown) (If yes, give war or dates)

No

17. INFORMANT

F.M. Watterman

Address

Liberty, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occ lunari

INTERVAL BETWEEN ONSET AND DEATH

2 hr

DUE TO (b)

Atherosclerosis

5 yr.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral atherosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11 Feb 63 to 23 April and last saw her alive on 23 April 63

Death occurred at 10:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Doctor or title)

J.M. Watterman, M.D.

22b. ADDRESS

18 W. Kansas Liberty Mo

22c. DATE SIGNED

24 April

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

April 27, 1963

23c. NAME OF CEMETERY OR CREMATORY

Clarinda Cemetery

23d. LOCATION (City, town, or county)

Clarinda, Iowa

(State)

24. FUNERAL DIRECTOR

Church-Anderson Co. Liberty Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-25-63

26. REGISTRAR'S SIGNATURE

Mabel Graham

(If Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 6002

2 6003

3

4 1

5 2

6

7 1

8 2

9 4201

10

11

12 90-0

13 3-0

DATE AMENDED

JUL 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold A. Smith

Licensed Embalmer No. 4575

P. O. Address

Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.